



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 2513-00
20 December 2000

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 7 December 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by the Specialty Leader for Ophthalmology dated 25 September 2000, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

b. The second scenario is that the visual field abnormalities detected at Great Lakes may not be real, and that the patient actually has normal peripheral vision (as implied by the civilian test result). In this case, the field loss documented at Great Lakes would be described as non-functional (i.e. there is no actual disease or physiologic abnormality, and the actual visual field abnormalities detected on the tests were false negatives). There are only three reasons to explain non-functional vision loss. The first is that the ex-service member intentionally falsified her responses on all of the tests performed at Great Lakes (i.e. maligering). The second is that the patient had a psychosomatic disorder (i.e. hysterical) that resulted in false negative responses and an abnormal visual field. The third is that the patient didn't understand the test or was tested under incorrect conditions. I have verified that the tests were not only administered appropriately, but the fact that the test was repeated six times makes it extremely unlikely that she did not understand how to take the test. If the civilian provider were to perform the same type of visual field test as was performed at Great Lakes, and if the 'new' test results were normal, this would confirm that the ex-service member was either maligering or demonstrated a hysterical personality disorder while at Great Lakes. Neither maligering nor hysterical etiologies are compatible with military service.

5. In summary, her status should remain R-4 (not eligible for re-enlistment) regardless of whether the actual etiology of the visual field abnormalities detected at Great Lakes represent real vision loss or non-functional vision loss (i.e. maligering vs. hysterical).



CAPT, MC, USN

September 25, 2000

From: Specialty Leader for Ophthalmology
To: Chairman, Board of Correction of Naval Records (BCNR)

Subj: COMMENTS ON APPLICATION FOR CORRECTION OF NAVAL
RECORDS ICO [REDACTED]

Ref: (a) Letter from Chairman BCNR dated 30 August 2000

Encl: (1) BCNR file / Microfiche Record
(2) Copies of Visual Field Tests from USNH Great Lakes

1. Per reference (a), I reviewed enclosure (1) in its entirety. [REDACTED] is petitioning to have her reenlistment code changed from R-4 to R-1. She contends that the visual field loss for which she was given an ELMS in Dec 1999 was not present on subsequent testing by a civilian eye care provider in Jan 2000, and that she was therefore medically separated with an incorrectly diagnosed condition. She submitted a photocopy of a visual field test performed by her civilian provider as evidence of the absence of a visual field defect.

2. Enclosure (1) did not contain copies of the visual field tests that were performed at USNH Great Lakes. I contacted the MTF at Great Lakes and had them forward copies of the results for my review, which are included here as enclosure (2). There were six number of visual field tests performed at Great Lakes. All of them demonstrated significant narrowing (i.e. loss) of peripheral vision, to the extent that the peripheral vision loss evident on these tests would be disqualifying for enlistment.

3. In contrast, the visual field test that was performed by the civilian eye care provider showed no apparent field loss. However, the test performed by the civilian differed from those performed at Great Lakes in that it was not as complete or thorough of a test. The civilian test only evaluated the central 20 degrees of vision, whereas the tests at Great Lakes tested out to 30 degrees. Also, the civilian test had fewer spots in the peripheral vision that were tested.

4. There are only two possible scenarios that can account for the discrepancies in the civilian test (which had normal results) and the six visual fields (which were abnormal on all six test sessions) from Great Lakes:

a. The first scenario is that the field loss detected at Great Lakes is real, and the civilian test wasn't adequate to demonstrate it. The test performed by the civilian provider may not have been complete enough to detect the abnormalities that were noted at Great Lakes. In this scenario, one must presume the visual field abnormalities are real and would indeed be grounds for an ELMS.